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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2006 03 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 08 16 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26940292645

SUMMARY PAGE

Page 2

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Podiatric Medical Assn., Inc. Podiatry Political Action Committee [®] D " D 03 0 1 2006 0.3 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2006 279280.76 January 1 (b) Cash on Hand at 336405.51 Begining of Reporting Period 52671.18 155930.76 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 389076.69 435211.52 6(a) and 6(c) for Column B) 46166.59 92301.42 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 342910.10 342910.10 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period:

From:

М М

01

2006

To:

М М

^D 3 1

2006

I. Re	ceipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other			
Than Political (i) Itemized (i	Committees use Schedule A)	40550.00	105404.99
(ii) Unitemize	1	11984.00	49216.00
(iii) TOTAL (a Lines 11(a	dd)(i) and (ii)	52534.00	154620.99
	Committees	0.00	0.00
(c) Other Political (such as PAC: (d) Total Contribut	s)	0.00	0.00
11(a)(iii),(b) ar Totals to Line 3	d (c)) (Carry 33, page 5)	52534.00	154620.99
2. Transfers From Affi Party Committees	liated/Other	0.00	0.00
3. All Loans Received		0.00	0.00
Loan Repayments F Offsets To Operatir		0.00	0.00
(Refunds, Rebates, (Carry Totals to Line 6. Refunds of Contribution	e 37, page 5)	0.00	0.00
to Federal candidate Political Committee	es and Other	0.00	1000.00
 Other Federal Rece (Dividends, Interest 	ipts , etc.)	137.18	309.77
	n-Federal and Levin Funds		
(a) Non-Federal Ac (from Schedul	e H3)	0.00	0.00
(b) Levin Funds (fr	om Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add 12, 13, 14, 15, 16,	Lines 11(d), 17, and 18(c))	52671.18	155930.76
Total Federal Recei (subtract Line 18(c))	pts from Line 19)	52671.18	155930.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	916.59	3031.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	916.59	3031.42
. Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	45000.00	89020.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	250.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	250.00
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,	46166 50	02201 40
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	46166.59	92301.42
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	52534.00	154620.99
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52284.00	154370.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	916.59	3031.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	916.59	3031.42

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 6 / 59
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and Stator commercial purposes, other than using the n	tements may	not be sold or used by any personal read of any personal read of any political assembles to	on for the purpose of soliciting contributions
OI		iaine and add	iress or any political committee to	Solicit contributions from Such committee.
	NAME OF COMMITTEE (In Full)	Dadiator D	alitical Astion Committee	
	American Podiatric Medical Assn., Inc.	Podiatry P	onlical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Hal Ornstein			Date of Receipt
	Mailing Address 5 Amanda Ln.			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	
	Howell	NJ	07731-8941	Transaction ID: 12126395
		INO	07731-0941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	
	Primary General	, iggi ogalo	Total to Bate V	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas Charles Melillo			Date of Receipt
	Mailing Address 22862 S.W. Saunders D	r.		M ' M / D ' D / Y ' Y ' Y ' Y
				03 02 2006
	City	State	Zip Code	Transaction ID: 12126396
	Sherwood	OR	97140-8236	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation	1	
		Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (specify)	1 1	0 0 0 0 0 0 0	1
— С.	Full Name (Last, First, Middle Initial) Dr. Kristin K. Titko			Date of Receipt
	Mailing Address 11092 Allenhurst Blvd.			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 12126399
	Cincinnati	ОН	45241	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	_
	Primary General	33 792.00		1
	Other (specify)	L	500.00	
			•	
				4050.00
s	UBTOTAL of Receipts This Page (optional)			1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 59 (check only one) X
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Frederick Mailing Address 17333 W. 10 Mile Rd. City Southfield FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State MI C Occupation Podiatris Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Eric M. Kosofsky Mailing Address Hartford Podiatry Group 597 Farmington Ave. City Hartford FEC ID number of contributing federal political committee.	State CT	Zip Code 06105-3057	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatris Aggregate		
D.	Full Name (Last, First, Middle Initial) Dr. George Michael Nassoor Mailing Address 201 E. Lafayette St. City Easton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State PA C Occupation Podiatris Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number or	ılv)	_	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 / 59
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	ress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Sheila J. Brooks			Date of Receipt
	Mailing Address P.O. Box 690			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 12130089
	Bluefield	WV	24701-0690	
		VVV	24701-0690	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	l	Year-to-Date ▼	
	Primary General	199.79		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Glenn B. Gastwirth			Date of Receipt
	Mailing Address 12401 Willow Green Ct.			M M / D D / Y Y Y Y
				03 08 2006
	City	State	Zip Code	Transaction ID: 12132379
	Potomac	MD	20854-3044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation		
		Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)			J
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Laura J. Pickard			Date of Receipt
J .	Mailing Address Norridge Foot Clinic			M M / D D / Y Y Y Y
	7325 W. Irving Park Rd.			03 08 2006
	City	State	Zip Code	Transaction ID: 12132393
	Chicago	IL	60634-3547	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
8	JBTOTAL of Receipts This Page (optional)			1250.00
\vdash	dgs (optional)			

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 9 / 59	
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	y information copied from such Reports and Sta	otomonte may	y not be cold or used by any perce		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
	7 interiori i caratro medical 7 cerii, mei	r outury r			
_	Full Name (Last, First, Middle Initial)				
A.	Dr. Edward Patrick Smith, Jr.			Date of Receipt	
	Mailing Address 148 Park St.			M M / D D / Y Y Y Y	
		<u> </u>		03 06 2006	
	City	State	Zip Code	Transaction ID: 12132405	
	Springfield	VT	05156-3034	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.	0			
	Name of Employer Self-Employed	Occupation	า	\dashv	
	Self-Employed *	Podiatrist	t		
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General			7	
	Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial)				
В.	Dr. Michael J. Wessels			Date of Receipt	
	Mailing Address 2245 River View Dr.			03 06 2006	
	City	State	Zip Code		
	Rock Falls	IL	61071-1442	Transaction ID: 12132407	
		IL.	61071-1442	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Toderal political committee.				
	Name of Employer Self-Employed	Occupation			
		Podiatrist	•		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	250.00	1	
	Other (specify) ▼		200.00	1	
_	Full Name (Leat First Middle Initial)				
C.	Full Name (Last, First, Middle Initial) Dr. John E. Morehead			Date of Receipt	
	Mailing Address 6666 S. 76th E. Ave.			M M / D D / Y Y Y Y	
				03 06 2006	
	City	State	Zip Code	Transaction ID: 12132414	
	Tulsa	OK	74133-1835	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	
	federal political committee.	C		300.00	
	Name of Employer	Occupation	<u> </u>	\dashv	
	Self-Employed	Podiatrist			
	Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	33.09410		1	
	Other (specify) ▼		500.00		
				4	
s	UBTOTAL of Receipts This Page (optional)			1000.00	
F	,				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 10 / 59
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Mark M. Schilansky			Date of Receipt
	Mailing Address 181 Elting Rd.			03 08 2006
	City	State	Zip Code	Transaction ID: 12133877
	Catskill	NY	12414-6731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	\dashv
	Primary General	7 tggrogato	Total to Bate V	1
	Other (specify) ▼	l	500.00	
				·
В.	Full Name (Last, First, Middle Initial) Dr. Seth A. Rubenstein			Date of Receipt
	Mailing Address 1322 Pavilion Club Way			M M / D D / Y Y Y Y
				03 13 2006
	City	State	Zip Code	Transaction ID: 12144521
	Reston	VA	20194-1338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation	1	
		Podiatrist	<u> </u>	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Scott L. Shindler			Date of Receipt
J .	Mailing Address 508 James Pl.			M M / D D / Y Y Y Y
	Walling Address 500 James Fi.			03 13 2006
	City	State	Zip Code	Transaction ID: 12144523
	Yankton	SD	57078-1830	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General	11 1		1
	Other (specify) ▼		250.00	
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s	UBTOTAL of Receipts This Page (optional)			1250.00
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SCHEDULE	A (FEC Form 3X)		Llea congrata cohodulo(a)	FOR LINE NUM	
ITEMIZED R	•		Use separate schedule(s) or each category of the Detailed Summary Page	 	1b 11c 12 4 15 16 17
Any information co or for commercial p	pied from such Reports and Sta burposes, other than using the n	itements may ame and add	r not be sold or used by any perso dress of any political committee to	n for the purpose o	of soliciting contributions s from such committee.
\	MMITTEE (In Full) diatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A. Dr. Todd Damier	P.O. Box 391 of contributing committee.	State ME C Occupation Podiatrisi		0 3 Transaction	D 10 2006 ID: 12144815 ach Receipt this Period 250.00
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 500.00		
B. Dr. Terence B. A	t, First, Middle Initial) Jbright 399 Berkshire Dr.			Date of Rece	oipt 0 0 / Y Y Y Y Y Y Y Y 2 0 0 6
City		State	Zip Code		ID: 12144958
<u>Lake Villa</u>		<u> </u>	60046	Amount of Ea	ach Receipt this Period
FEC ID number federal political		C			250.00
Name of Emplo Self-Employed	yer	Occupation Podiatrist			
Receipt For: Primary Other (sp	General ecify) ▼		Year-to-Date ▼ 250.00		
	t, First, Middle Initial)			Date of Rece	int
Dr. Robb A. Moth					0 8 2 0 0 6
City		State	Zip Code		ID: 12145446
Winston Sale FEC ID number federal political	r of contributing	NC C	27104	Amount of Ea	ach Receipt this Period 250.00
Name of Emplo Self-Employed	yer	Occupation Podiatrist			
Receipt For: Primary Other (sp	General ecify) ▼		Year-to-Date ▼ 250.00		
SUBTOTAL of Re	eceipts This Page (optional)				750.00
TOTAL This Peri	od (last page this line number o	nly)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 59 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc	c. Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert M. Gerber			Date of Receipt
Mailing Address 800 Austin St. W. Tow	ver #508		03 15 2006
City	State	Zip Code	Transaction ID: 12157987
Evanston	<u>IL</u>	60202-3445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Podiatris		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			
Dr. Steven Joseph Merckx Mailing Address 6 Drumhill Cir.			Date of Receipt M M
City	State	Zip Code	Transaction ID: 12158005
Madison	WI	53717-1073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Podiatris		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth F. Malkin			Date of Receipt
Mailing Address Caldwell Podiatry Cen 526 Bloomfield Ave.	ter		03 14 2006
City	State	Zip Code	Transaction ID: 12158006
Caldwell FEC ID number of contributing federal political committee.	NJ C	07006-5564	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupatio Podiatris		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 59		
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	□ 47
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Nancy A. Kaplan			Date of Receipt	
	Mailing Address 52 Pitt Rd. City	State	Zip Code	03 14 2006	
	Springfield	NJ	07081-2634	Transaction ID: 12158007 Amount of Each Receipt this Period	
			07001-2004		
	FEC ID number of contributing federal political committee.	С		250.00)
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0			
В.	Full Name (Last, First, Middle Initial) Dr. Joseph M. Caporusso			Date of Receipt	
ъ.	Mailing Address 217 E. Yellowhammer			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 12164275	
	Mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer	Occupation	า	-	
	Name of Employer Self-Employed	Podiatris			
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General		1000.00		
	Other (specify)	0 0	1000.00		
C.	Full Name (Last, First, Middle Initial) Dr. Kirk M. Contento			Date of Receipt	
	Mailing Address 10441 Circle Dr. #14-C			03 / 16 / 2006	
	City	State	Zip Code	Transaction ID: 12164277	
	Oak Lawn	IL	60453-6409	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00)
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		230.00		
s	UBTOTAL of Receipts This Page (optional)			1500.00	
\vdash			•		
T	OTAL This Period (last page this line number of	only)	>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 59
	•		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph M. Hughes			Date of Receipt
	Mailing Address 2311 Ocean View Dr.			03 16 2006
	City	State	Zip Code	Transaction ID: 12164279
	Signal Hill	CA	90755-3778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	_
	Primary General	1.55.15	1 1 1 1 1 1 1	1
	Other (specify) ▼	l	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. William P. Crotty			Date of Receipt
	Mailing Address 5601 Park Ave.			03 13 2006
	City	State	Zip Code	Transaction ID: 12165096
	Fort Smith	AR	72903-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General	7 tggi ogato	Total to Buto V	1
	Other (specify) ▼	0 0	1500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Leslie G. Levy			Date of Receipt
	Mailing Address 23861 W. McBean Pkwy	. #E26		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12165097
	Valencia	CA	91355-4457	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	l	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
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s	UBTOTAL of Receipts This Page (optional)			2250.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 59 (check only one) X 11a 11b 11c 12
			, J	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
۷.	Full Name (Last, First, Middle Initial) Dr. Michael E. Graham Mailing Address Center for Foot & Ankle	Digardara		Date of Receipt
	45700 Schoenherr Rd.	Distribution		03 17 2006
	City Shalloy Tayrashin	State	Zip Code	Transaction ID: 12188878
	Shelby Township FEC ID number of contributing federal political committee.	C	48315-6033	Amount of Each Receipt this Period 500.00
	Name of Employer Center for Foot & Ankle Disorders Receipt For: Primary General Other (specify)	Occupation Podiatris Aggregate		
3.	Full Name (Last, First, Middle Initial) Dr. James R. Christina Mailing Address 3 Glendorian Ct.			Date of Receipt
	Maining Address 3 Grendonan Ct.			03 22 2006
	Contractilla	State	Zip Code	Transaction ID: 12206443
	Cockeysville FEC ID number of contributing federal political committee.	MD C	21030-2407	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 Э.	Full Name (Last, First, Middle Initial) Dr. Steven M. Grunfeld			Date of Receipt
	Mailing Address Birmingham Podiatry 2012 8th Ct. S.			03 / 24 / 4 2006
	City Birmingham	State AL	Zip Code 35205-2799	Transaction ID: 12221578 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3333 2.00	250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 59 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Marc R. Bernbach			Date of Receipt
	Mailing Address 126 Burr Hall Rd.			03 24 7 2006
	City	State	Zip Code	Transaction ID: 12221580
	Middlebury	СТ	06762-1403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Carol A. Callahan			Date of Receipt
	Mailing Address 40 Samp Mortar Dr.			03 / 24 / 2006
	City	State	Zip Code	Transaction ID: 12221581
	<u>Fairfield</u>	CT	06824-2462	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Darren Jay Courtright			Date of Receipt
	Mailing Address Shoreline Foot Health C 341 Montauk Ave.	enter		03 / 24 / 2006
	City	State	Zip Code	Transaction ID: 12221582
	New London	CT	06320-4724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SI	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number or	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A .	Full Name (Last, First, Middle Initial) Dr. R. Daniel Davis Mailing Address 450 Clement Ln. City Orange FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State CT C Occupation Podiatris: Aggregate		Date of Receipt M M M / 24 / 2006 Transaction ID: 12221584 Amount of Each Receipt this Period 500.00
3.	Full Name (Last, First, Middle Initial) Dr. Michael Z. Fein Mailing Address 15 Lakeview Dr. City Easton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State CT C Occupation Podiatris: Aggregate		Date of Receipt M M A 24 2006 Transaction ID: 12221585 Amount of Each Receipt this Period 300.00
D.	Full Name (Last, First, Middle Initial) Dr. Frank A. Spinosa Mailing Address P.O. Box 72 City Shelter Island FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State NY C Occupation Podiatris: Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	1800.00
T	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 59			
ıт	EMIZED RECEIPTS		or each category of the	(check only one)			
11	EIVIIZED NECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
			_ c.a	13 14 15 16 17			
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
abla	NAME OF COMMITTEE (In Full)						
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee				
Α.	Full Name (Last, First, Middle Initial) Dr. Steven Alan Conner			Date of Receipt			
	Mailing Address 9102 Babcock Blvd. #10	9		03 24 2006			
	City	State	Zip Code	Transaction ID: 12221589			
	Pittsburgh	PA	15237-5819	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self-Employed	Occupation Podiatris					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		250.00				
В.	Full Name (Last, First, Middle Initial) Dr. Joseph C. D'Amico			Date of Receipt			
	Mailing Address 333 W. 57th St.			03 16 2006			
	City	State	Zip Code	Transaction ID: 12221590			
	New York	NY	10019-3159	Amount of Each Receipt this Period			
				7 thouse of Each Flooding this Follow			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Self-Employed	Occupation Podiatris					
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General	00 0		1			
	Other (specify) ▼		250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Eric Todd Falls			Date of Receipt			
	Mailing Address 4700 Overwood Cir.			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O			
	City	State	Zip Code	Transaction ID: 12221612			
	Birmingham	AL	35222-4406	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		3322 1100	250.00			
	Name of Employer Montclair Podiatry	Occupation Podiatris					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00				
s	UBTOTAL of Receipts This Page (optional)			750.00			
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S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 19			
			Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Terry P. Smith			Date of Receipt		
	Mailing Address 2064 Michigan Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12221617		
	Salt Lake City	UT	84108-1308	Amount of Each Receipt this Period		
	•	<u> </u>	01700 1000	Amount of Each recopt this rende		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:		Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		250.00			
				4		
В.	Full Name (Last, First, Middle Initial) Dr. Richard Lynn Rupp			Date of Receipt		
	Mailing Address 2400 Cinco Casitas			M M / D D / Y Y Y Y		
				03 17 2006		
	City	State	Zip Code	Transaction ID: 12222057		
	La Crescenta	CA	91214-3005	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupation		_		
	Name of Employer Self-Employed	Podiatrist				
	Receipt For:		Year-to-Date V			
	Primary General	riggrogato	real to Bate V	1		
	Other (specify)		250.00			
		0 0	0 0 0 0 0 0 0	1		
C.	Full Name (Last, First, Middle Initial) Dr. James Rolf Natwick			Date of Receipt		
	Mailing Address 1332 Waterford Rd.			03 / 23 / 2006		
	City	State	Zip Code	Transaction ID: 12226236		
	Woodbury	MN	55125-2365	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify)		250.00			
s	UBTOTAL of Receipts This Page (optional)		_	750.00		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 59		
	EMIZED RECEIPTS		or each category of the	(check only one)		
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			and be related as a set the second second	13 14 15 16 17		
or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R. DeSantis			Date of Receipt		
	Mailing Address 2611 Circle Dr.			03 24 2006		
	City	State	Zip Code	Transaction ID: 12226238		
	Newport Beach	CA	92663-5616	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		1000.00		
	Name of Employer Self-Employed	Occupation Podiatrist		7		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00	1		
	Other (specify) 🔻	0 0	1000.00			
В.	Full Name (Last, First, Middle Initial) Dr. Daniel L. Altchuler			Date of Receipt		
	Mailing Address P.O. Box 1331			03 26 2006		
	City	State	Zip Code	Transaction ID: 12230000		
	Topanga	CA	90290-1331	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)	0 0	300.00			
C.	Full Name (Last, First, Middle Initial) Dr. Thomas P. Broner			Date of Receipt		
	Mailing Address 1354 Pinewood Rd.			03 / 26 / Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12230001		
	Jacksonville Beach	<u>FL</u>	32250-2931	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:		Year-to-Date ▼			
	Primary General	1 1	500.00	7		
	Other (specify) ▼		500.00			
s	UBTOTAL of Receipts This Page (optional)			1750.00		
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т	OTAL This Period (last page this line number of	nlv)				

SCHEDULE A (FEC Form 3X) Use separate schedule				FOR LINE NUMBER: PAGE 21 / 59		
	EMIZED RECEIPTS		or each category of the	(check only one)		
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Δr	w information conied from such Reports and St	atemente may	y not be cold or used by any perso			
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)				_	
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Stephen C. Wan			Date of Receipt		
	Mailing Address 3221 Blume Dr.	Otata	7'o Oodo	03 26 2006		
	City	State	Zip Code	Transaction ID: 12230004		
	Rossmoor	CA	90720-4812	Amount of Each Receipt this Period	1	
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼	0 0				
В.	Full Name (Last, First, Middle Initial) Dr. Marc Weitzman			Date of Receipt		
	Mailing Address 10425 Kingston			03 26 YYYYY 2006		
	City	State	Zip Code	Transaction ID: 12230010		
	Huntington Woods	MI	48070-1113	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation				
	Receipt For:	Podiatrist		_		
	Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		250.00			
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Rosario J. LaBarbera			Date of Receipt		
	Mailing Address 321 Union Brick Rd.			03 26 2006		
	City	State	Zip Code	Transaction ID: 12230015		
	Blairstown	NJ	07825-3411	Amount of Each Receipt this Period	_	
	FEC ID number of contributing			_ · · · · · · · · · · · · · · · · · · ·	1	
	federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
Receipt For: Primary General Aggre			Year-to-Date ▼			
			250.00			
	Other (specify) ▼	0 0	230.00			
S	UBTOTAL of Receipts This Page (optional)	1000.00]			
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T	OTAL This Period (last page this line number of	only)				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 59				
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12				
		Detailed Summary Page	13 14 15 16 17				
Any information copied from such Reports and Star or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee					
Full Name (Last, First, Middle Initial) Dr. Harry Goldsmith			Date of Receipt				
Mailing Address 19224 Trentham Ave.			03 26 2006				
City	State	Zip Code	Transaction ID: 12230016				
Cerritos	CA	90703-7269	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self-Employed	Occupation		7				
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼		250.00					
Full Name (Last, First, Middle Initial) Dr. Franklin Kase			Date of Receipt				
Mailing Address 2675 Basil Ln.			03 / 30 / 4 2006				
City	State	Zip Code	Transaction ID: 12230017				
Los Angeles	CA	90077-2005	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Self-Employed	Occupation Podiatris						
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	500.00					
Full Name (Last, First, Middle Initial) Dr. S. F. Charley Hartley			Date of Receipt				
Mailing Address 2201 Juanita Ln.			03 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 12230018				
Deer Park	TX	77536-4214	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self-Employed	Occupation Podiatris						
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	250.00					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)						
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SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 11b 14	PAGE 23 / 59 11c
Any information of or for commercial	copied from such Reports and Sta I purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of solic	iting contributions
1	DMMITTEE (In Full) Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
Mailing Addre City Signal Hill	er of contributing al committee.	State CA C Occupation Podiatrist Aggregate	t Year-to-Date ▼	Date of Receipt 0 3 3 0 Transaction ID: 12 Amount of Each Re	2 0 0 6 2230020
	specify) st, First, Middle Initial) lorio	0 0	1000.00	Date of Receipt	
Name of Emp Self-Employed Receipt For:	er of contributing al committee. loyer d	State CT C Occupation Podiatrist Aggregate		Transaction ID: 12 Amount of Each Re	2230021
C. Dr. Lyman H. V Mailing Addre City Santa Ana FEC ID numb federal politica Name of Emp Self-Employee Receipt For: Primary	ss 2220 E. Fruit St. #214 er of contributing al committee.	State CA C Occupation Podiatrisi Aggregate		Date of Receipt M M M / D D D 3 0 Transaction ID: 12 Amount of Each Re	2230022
SUBTOTAL of I	Receipts This Page (optional))		1250.00
TOTAL This Pe	eriod (last page this line number o	nly)			

SCHEDULE A (FEC Form 3X)		Lisa saparata sabadula(s)	FOR LINE NUMBER: PAGE 24 / 59
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stror for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Barry H. Block Mailing Address 104-40 Queens Blvd. City Forest Hills	State NY	Zip Code 11375-3658	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation Podiatris		500.00
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Marshall G. Solomon Mailing Address 37723 Cherry Hill			Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12230025
Farmington Hills FEC ID number of contributing federal political committee.	C	48331-4803	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatris Aggregate		
Full Name (Last, First, Middle Initial) Dr. David G. Edwards Mailing Address 1651 Saddle Hill Dr.			Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Logan	State UT	Zip Code 84321-3001	Transaction ID: 12230026 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0-10LT 0001	250.00
Name of Employer Self-Employed	Occupation Podiatris		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 59		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11	_	
Δr	ny information copied from such Reports and St	atemente may	unot he sold or used by any nerso		<u></u>	
or	ly information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)				_	
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Christian A. Robertozzi			Date of Receipt		
	Mailing Address 43 Douma Dr.	Otata	7. 0.4.	03 / 30 / 2006		
	City	State	Zip Code	Transaction ID: 12230028		
	Newton	NJ	07860-1558	Amount of Each Receipt this Period	i	
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼		300.00			
В.	Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson			Date of Receipt		
	Mailing Address 201 68th PI.			03 / 30 / 2006		
	City	State	Zip Code	Transaction ID: 12230046		
	Kenosha	WI	53143-5137	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:		Year-to-Date ▼	-		
	Primary General	199.194.11		1		
	Other (specify) ▼	0 0	500.00			
C.	Full Name (Last, First, Middle Initial) Dr. Mark E. Pinker			Date of Receipt		
	Mailing Address Pinker & Associates 47 Brookwood Ave.			03 / 30 / 4 2006		
	City	State	Zip Code	Transaction ID: 12230047		
	Carlisle	PA	17013-9126	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General			250.00			
	Other (specify) ▼	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)			1250.00		
\vdash			<u>. </u>			
T	OTAL This Period (last page this line number	only)	>			

SCHEDULE A (FEC Form 3X) Use separate schedule(s)				FOR LINE NUMBER:	PAGE 26 / 59
	EMIZED RECEIPTS		or each category of the	(check only one)	. —
••	EMIZED RESENTS		Detailed Summary Page	X 11a 11b	11c 12 15 16 17
Δ.	w information copied from such Benerte and C	totomonto mo	, not be cold or used by any nerge	13 14	
or	ly information copied from such Reports and Sifor commercial purposes, other than using the	solicit contributions from s	such committee.		
	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	. Podiatry P	Political Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Tommy Wayne Garnett			Date of Receipt	
	Mailing Address 70 Huckleberry Ln. City	State	Zip Code	03 / 30	2006
	Wetumpka	AL	36092-5908	Transaction ID: 12 Amount of Each Rec	
	•		30092-3900	Afficult of Each Net	· · · · · ·
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	8 8 8 8 8 8		
В.	Full Name (Last, First, Middle Initial) Dr. Perry K. Geistler			Date of Receipt	
	Mailing Address 1660 Blakefield Ter.			03 / 30 / 2006	
	City	State	Zip Code	Transaction ID: 12	230049
	Manchester	MO	63021-7102	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify) ▼	0 0	1000.00		
C.	Full Name (Last, First, Middle Initial) Dr. Roger Gary Beck			Date of Receipt	
	Mailing Address 10104 Dorset Dr.			03 / 30	2006
	City	State	Zip Code	Transaction ID: 12	
	Leesburg	<u>FL</u>	34788-3618	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General			250.00	1	
	Other (specify) ▼	0 0	230.00		
s	UBTOTAL of Receipts This Page (optional)				1500.00
\vdash			•	-	
т	OTAL This Period (last page this line number	only))		

ITEN	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 59 (check only one) X
Any in or for o	formation copied from such Reports and State commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) merican Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A. Dr. Ma City Isl FE fed Na Se	Il Name (Last, First, Middle Initial) Stuart L. Tessler illing Address 3 49th Ave. y le Of Palms C ID number of contributing deral political committee. Imperimentation of the contribution of the committee of the committe	State SC C Occupation Podiatrisi Aggregate		Date of Receipt M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A Dr. Ma City See FE fed Na Se	Il Name (Last, First, Middle Initial) Rirk A. Koepsel alling Address 327 Pebblebrook y eabrook C ID number of contributing deral political committee. ume of Employer elf-Employed ceipt For: Primary General Other (specify)	State TX C Occupation Podiatrist Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FE fed Na Se	Il Name (Last, First, Middle Initial) Gerald D. Peterson illing Address 6627 Apollo Rd. y est Linn GC ID number of contributing deral political committee. Ime of Employer elf-Employed ceipt For: Primary General Other (specify)	State OR C Occupation Podiatrist Aggregate		Date of Receipt M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBT	TOTAL of Receipts This Page (optional)		······	1500.00
TOTA	AL This Period (last page this line number on	nlv)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 28/59
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or f	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	ino ana ade	nooc or any pointed committee to	CONCIL CONTINUES IN CASA CONTINUES.
\rangle	American Podiatric Medical Assn., Inc. F	Podiatry P	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Barry E. Wesselowski			Date of Receipt
	Mailing Address 2901 Majestic			03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 12230055
	Independence FEC ID number of contributing federal political committee.	C	67301-1519	Amount of Each Receipt this Period 500.00
	Name of Employer	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	riggrogato	500.00	
_	Full Name (Last, First, Middle Initial) Dr. Jerauld D. Ferritto, Jr.			Date of Receipt
	Mailing Address 2396 Club Rd.	03 / 30 / 4 2006		
	City	State	Zip Code	Transaction ID: 12230056
	Upper Arlington	ОН	43221-4005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self-Employed 1	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Dr. Amy B. Schunemeyer			Date of Receipt
	Mailing Address 207 Estate Dr.			03 30 7 2006
	City	State	Zip Code	Transaction ID: 12230058
	New Iberia	LA	70563-2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Solf Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
SI	JBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Llas congreto cobodulo(s)	FOR LINE NUMBER: PAGE 29 / 59
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions of solicit contributions from such committee.		
Λ	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Vincent J. Hetherington			Date of Receipt
	Mailing Address 21948 Shagbark Trl.			03 / 30 / 2006
	City	State	Zip Code	Transaction ID: 12230059
	Strongsville	OH	44149-2280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify) •	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert J. Hilkemann			Date of Receipt
	Mailing Address 13427 Seward			03 30 7 2006
	City	State	Zip Code	Transaction ID: 12230061
	Omaha	NE	68154-3820	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	_
	Name of Employer Self-Employed	Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify)	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Theodore Polizos			Date of Receipt
	Mailing Address Comprehensive Pod. Ma 1734 W. Algonquin Rd.	ed. Service	s	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12230063
	Arlington Heights	IL	60005-3405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatrist		7
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional))	750.00
\vdash			<u> </u>	
Ιт	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER:	PAGE 30 / 59		
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the	(check only one)		
TI LIMIZED RECEIL 13			Detailed Summary Page	X 11a 11b	11c 12 15 16 17
Δ.	w information applied from such Banarta and St	13 14			
or	ny information copied from such Reports and Si for commercial purposes, other than using the	name and add	frict be sold of used by any persolarities to discommittee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Stanley A. Gorgol			Date of Receipt	
	Mailing Address 5 Terracewood Rd. City	State	Zip Code	03 30	2006
	Londonderry	NH	03053-2409	Transaction ID: 12	
	•	INII	03033-2409	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0			
В.	Full Name (Last, First, Middle Initial) Dr. Timothy D. Kemple			Date of Receipt	
	Mailing Address 11 Elwood Rd.			03 / 30	
	City	State	Zip Code	Transaction ID: 12	2230065
	<u>Derry</u>	NH	03038-5426	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation	1		
	Seir-Employed	Podiatrist	<u> </u>		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Bert Altmanshofer			Date of Receipt	
	Mailing Address 550 Forsht Dr.			03 30	
	City	State	Zip Code	Transaction ID: 12	2230066
	Duncansville	PA	16635-9413	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	500.00	1	
	Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
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т	OTAL This Period (last page this line number	only)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 59 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc	c. Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Bruce G. Blank			Date of Receipt
Mailing Address Achilles Foot & Ankle 92 N. 4th St. #27	Surgery		03 / 30 / 2006
City	State	Zip Code	Transaction ID: 12230068
Martins Ferry FEC ID number of contributing federal political committee.	OH C	43935-1600	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatris		
Primary General Other (specify) ▼	Aggregate	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Lawrence B. Harkless			Date of Receipt
Mailing Address 13103 Country Trl.	03 / 30 / 4 2006		
City	State	Zip Code	Transaction ID: 12230069
San Antonio FEC ID number of contributing federal political committee.	C	78216-2330	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatris		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Raymond J. Mollica			Date of Receipt
Mailing Address 8223 14th Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12230071
Brooklyn FEC ID number of contributing federal political committee.	C	11228-3113	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatris		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32/59
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Edward A. Buro			Date of Receipt
Mailing Address 1335 Carlls Straight Pa	ath		03 / 30 / 2006
City	State	Zip Code	Transaction ID: 12230072
Dix Hills	NY	11746-5405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupatio Podiatris		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	500.00	1
Other (specify) ▼	0 0		
Full Name (Last, First, Middle Initial) Dr. Kevin William Lutz			Date of Receipt
Mailing Address 5285 Aryshire Dr.	03 / 30 / 2006		
City	State	Zip Code	Transaction ID: 12234930
Dublin	OH	43017-8213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio		
Receipt For:	Podiatris	e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Rudolf W. Cisco			Date of Receipt
Mailing Address 3739 Timber Walk Dr.			03 / 30 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12234934
Gainesville	GA	30506-3666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupatio Podiatris		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	500.00	1
Other (specify) ▼	0 0		
SUBTOTAL of Receipts This Page (optional)		······	1250.00
TOTAL This Period (last page this line number of	only)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Scott Altman Mailing Address 185 E. 85th St. #23H City New York FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State NY C Occupation Podiatris: Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Michael Tritto Mailing Address 14409 White Tree Pl. City North Potomac FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State MD C Occupation Podiatris		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- .	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Bruce J. McLaughlin Mailing Address 49 West Ln.	, ,	250.00	Date of Receipt
	City Brightwaters FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State NY C Occupation Podiatris: Aggregate		Transaction ID: 12234942 Amount of Each Receipt this Period 500.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number or	nlv)	>	

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER:	PAGE 34/59			
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the	(check only one)	. —		
TI LIVIIZED RECEII 13			Detailed Summary Page	X 11a 11b	11c 12 15 16 17	
Δ.	w information applied from such Benerte and C	13 14				
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
\rangle	American Podiatric Medical Assn., Inc.	. Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel			Date of Receipt		
	Mailing Address 751 Little John Cir.	Ctoto	7in Codo	03 / 30	2006	
	City	State GA	Zip Code	Transaction ID: 12		
	Gainesville	GA	30501-2025	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Self-Employed	Occupation Podiatris				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼	0 0	0 0 0 0 0 0			
В.				Date of Receipt		
	Mailing Address 24 Brentwood Rd.	03 / 000	2006			
	City	State	Zip Code	Transaction ID: 12	241184	
	Bay Shore	NY	11706-8011	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Self-Employed	Occupation				
		Podiatris	•			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Joseph A. Sciandra			Date of Receipt		
	Mailing Address 100 4 Seasons E.			03 / 30	2006	
	City	State	Zip Code	Transaction ID: 12	241185	
	Amherst	NY	14226-4276	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Self-Employed	Occupation Podiatris				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)				750.00	
т	OTAL This Period (last page this line number	only)	>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 59
	EMIZED RECEIPTS		or each category of the	(check only one)
TI LIWIZED RECEII 13			Detailed Summary Page	X 11a 11b 11c 12
	.,		.1. 11. 11	13 14 15 16 17
or	ny information copied from such Reports and Stator commercial purposes, other than using the r	on for the purpose of soliciting contributions a solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Troy David Zimbelman			Date of Receipt
	Mailing Address 121 E. Poplar St.			03 7 30 7 2006
	City	State	Zip Code	Transaction ID: 12259149
	Prattville	AL	36066-3638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		e Year-to-Date ▼	
	Primary General		F00.00	1
	Other (specify)	0 0	500.00	
Б	Full Name (Last, First, Middle Initial)			Data of Bassist
В.	Dr. Loren L. Rogers Mailing Address 2717 Sycamore Ave.		Date of Receipt	
	Mailing Address 2717 Sycamore Ave.			03 30 2006
	City	State	Zip Code	Transaction ID: 12259151
	Missoula	MT	59802-3101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
c.	Full Name (Last, First, Middle Initial) Mr. Michael Q. Davis			Date of Receipt
	Mailing Address 757 Poplar Church Rd.			03 / 30 / 4 9 9 9
	City	State	Zip Code	Transaction ID: 12259159
	Camp Hill	<u>PA</u>	17011-2383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Pennsylvania Podiatric Me-	Occupation		
	dical Assoc.	Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify) ▼	0 0		1
s	UBTOTAL of Receipts This Page (optional)			1250.00
			<u> </u>	-
1 T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER:	PAGE 36 / 59		
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the	(check only one)	. 🗆	
TI EMIZED RESERVES			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
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or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	frict be sold of used by any persolarities to discommittee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Ira Kraus			Date of Receipt	
	Mailing Address 20 Dogwood Trl.	Ctata	7:n Codo	03 30	2006
	City	State	Zip Code	Transaction ID: 12	
	Ringgold	GA	30736-2725	Amount of Each Re	celpt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Timothy Ellis Messmer			Date of Receipt	
	Mailing Address 1519 34th St.			03 / 30	2006
	City	State	Zip Code	Transaction ID: 12	2259161
	Anacortes	WA	98221-3354	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:		Year-to-Date V		
	Primary General	00 0		1	
	Other (specify) ▼		250.00		
C.	Full Name (Last, First, Middle Initial) Dr. Steven K. Chase			Date of Receipt	
	Mailing Address 4387 Stage Rd.			03 / 030	
	City	State	Zip Code	Transaction ID: 12	
	Memphis	TN	38128-5790	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			250.00		
s	UBTOTAL of Receipts This Page (optional)		>		1500.00
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)									
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			Detailed Summary Page	13 14 15 16 17									
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full)												
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee										
<u>/_</u>	Full Name (Last, First, Middle Initial)			<u></u>									
A.	Dr. Todd A. Harrison			Date of Receipt									
	Mailing Address 18819 Fountain Ter.			03 30 2006									
	City	State	Zip Code	Transaction ID: 12259176									
	Hagerstown	MD	21742-2670	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer Self-Employed	Occupation Podiatris											
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_									
	Other (specify)		250.00										
				-									
В.	Full Name (Last, First, Middle Initial) Dr. Richard A. Altwerger			Date of Receipt									
	Mailing Address Village Medical Arts Co 77 Miller Rd. #202	03 30 2006											
	City	State	Zip Code	Transaction ID: 12259177									
	Castleton On Hudso	NY	12033-4022	Amount of Each Receipt this Period									
		111	12035-4022	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer Self-Employed	Occupation		7									
		Podiatris	-	_									
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7									
	Other (specify)		250.00										
_	Full Name (Last, First, Middle Initial)			Data of Dooring									
U.	Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd.			Date of Receipt									
	Maining Address 1150 Gillilatid Ad.			03 30 2006									
	City	State	Zip Code	Transaction ID: 12259178									
	Louisville	KY	40245-4034	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer Self-Employed	Occupation											
	Receipt For:		e Year-to-Date ▼	7									
	Primary General			1									
	Other (specify) ▼	0 0	250.00]									
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38/59
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		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Gina Lynn Ruesch			Date of Receipt
Mailing Address 1203 Bay Cove			03 30 2006
City	State	Zip Code	Transaction ID: 12259179
White Bear Lake	MN	55110-6757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Podiatris		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael L. Wodka			Date of Receipt
Mailing Address 10 Bristol Dr.			03 / 30 / 2006
City	State	Zip Code	Transaction ID: 12259185
Middletown	NY	10941-5206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Podiatris		
Receipt For:		e Year-to-Date ▼	
Primary General		050.00	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Howard G. Osterman			Date of Receipt
Mailing Address 7512 Flamewood Dr.			03 30 2006
City	State	Zip Code	Transaction ID: 12259238
Clarksville	MD	21029-1824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Podiatris		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39/59
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Ar	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Pod	diatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Grace D. Pascual			Date of Receipt
	Mailing Address 86-274 Alamihi St.			03 / 30 / 4 9 9 9
	•	State HI	Zip Code 96792-2911	Transaction ID: 12259239
	EEC ID number of contribution	C	90792-2911	Amount of Each Receipt this Period 250.00
	Self-Employed 1	ccupatior odiatrist		
	-		Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Joseph S. Wells			Date of Receipt
	Mailing Address 39195 Calle De Companero	03 7 30 7 2006		
	•	State CA	Zip Code	Transaction ID: 12259250
	EEC ID asserbase of contribution	C	92562-7135	Amount of Each Receipt this Period 250.00
	Self-Employed 1	ccupatior odiatrist		
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	ggregate	Year-to-Date ▼ 750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Joseph S. Wells			Date of Receipt
	Mailing Address 39195 Calle De Companero)		03 / 30 / 4 9 9 9
	•	State CA	Zip Code 92562-7135	Transaction ID: 12259251 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self-Employed 1	ccupatior odiatrist		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	ggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)			Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 40 / 59										
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				13 14 15 16 17										
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.										
\setminus	NAME OF COMMITTEE (In Full)													
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr. Kathleen Toepp Neuhoff			Date of Receipt										
	Mailing Address 21730 Roosevelt Rd.			03 27 2006										
	City	State	Zip Code	Transaction ID: 12260223										
	South Bend	IN	46614-9259	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer Self-Employed	Occupation Podiatrist												
	Receipt For:		Year-to-Date ▼											
	Primary General		050.00	1										
	Other (specify) ▼		250.00											
В.	Full Name (Last, First, Middle Initial) Dr. Kenneth L. Hobbs			Date of Receipt										
-	Mailing Address 714 Fairlawn Rd.			M M / D D / Y Y Y Y										
		State		03 31 2006										
	City		Zip Code	Transaction ID: 12304184										
	Topeka	KS	66606-2337	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer Self-Employed	Occupation Podiatrist												
	Receipt For:		Year-to-Date ▼											
	Primary General	00 0		1										
	Other (specify) ▼	0 0	250.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Ronald R. Vanderheyden			Date of Receipt										
	Mailing Address Foot Specialists of N. C 1011 S. Santa Fe Ave.			03 31 2006										
	City	State	Zip Code	Transaction ID: 12304215										
	Vista	CA	92083-6918	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Podiatrist Receipt For: Aggregate				500.00										
			Year-to-Date ▼											
	Primary General			1										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 41/59 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Mark Haas Date of Receipt Mailing Address 1024 Tramway Ln. N.W. 03 06 2006 City State Zip Code Transaction ID: 12878989 **Albuquerque** NM 87122-1317 Amount of Each Receipt this Period FEC ID number of contributing 0.00 C federal political committee. Name of Employer Self-Employed Occupation **Podiatrist** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$25-Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	•	40550.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 59 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports and Stor for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry Political Action Committee	
Full Name (Last, First, Middle Initial) Citigroup Global Markets, Inc. Mailing Address 100 Light St., 19th Floo City	r State Zip Code	Date of Receipt M
Baltimore FEC ID number of contributing federal political committee.	MD 21202-1036	Amount of Each Receipt this Period 137.18
Name of Employer Citigroup Global Markets, Inc. Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼ 309.77	Interest Income

SUBTOTAL of Receipts This Page (optional)	•	137.18
TOTAL This Period (last page this line number only)	•	137.18

		Use seperate schedule(s)			LINE N	one) VUMBE	:H:			PAGI	= 43/	59
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	•	_	_	1b _	22 28a	Н	23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and Stat for commercial purposes, other than using the na												ns
\ \	NAME OF COMMITTEE (In Full)	The and address of any pointed	ai com	1111	iiiiee	to sone	on Corn	iibut	10115 11	OIII St	JCH COH	IIIIIIII	
\rangle	American Podiatric Medical Assn., Inc.	Podiatry Political Action (Comm	nit	ttee								
Α.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.								ion ID:		80400 t		
	Mailing Address NC8502 PO Box 563966						0 ^M 3	М	/ DC) ^D	/ Y	ž 0 ŏ	6 ^Y
	City Charlotte	State Zip Code NC 28262-396	6				Amou	ınt o	f Each	n Disb	urseme		
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	Candidate Name				egory ype	//							
	Office Sought: Senate President State: Disbu	rsement For: Primary General Other (specify)	l				Bank	Fee	es				
	Full Name (Last, First, Middle Initial)						Trans	sacti	ion ID:	: 127	80401		
В.	Wachovia Bank, N.A.						Date		isburs	emen	t		Y
	Mailing Address NC8502 PO Box 563966						0 3			2	L.	žoŏ	6
	City Charlotte	State Zip Code NC 28262-396	6				Amou	ınt o	f Each	n Disb	urseme		
	Purpose of Disbursement Bank Fees			0	01			-	-		-	275.	83
	Candidate Name				egory ype	//							
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)	l				Bank	Fee	es				
	State: District:												
C.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.								ion ID:		80402 t		
	Mailing Address NC8502 PO Box 563966						0 3	М	/ DC	2	/ Y	ž 0 ŏ	6 ^Y
	City Charlotte	State Zip Code NC 28262-396	6				Amou	ınt o	f Each	n Disb	urseme	ent this	Period
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	Senate President	rsement For: Primary Genera Other (specify) ▼	I				Bank	Fee	es				
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S	UBTOTAL of Disbursements This Page (optional	ı)				<u> </u>			-			, 03.	-1
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TEMIZED DISBURSEMENTS	f		
	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 36
ny Information copied from such Reports and S for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	. Podiatry Political Action Co	ommittee	
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.			Transaction ID: 12780403 Date of Disbursement
Mailing Address NC8502 PO Box 563966			03
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name		001 Category/	4.50
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	Туре	Bank Fees
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.			Transaction ID: 12780404 Date of Disbursement
Mailing Address NC8502 PO Box 563966			03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name		001 Category/ Type	11.74
Office Sought: House Senate President State: Dis	bursement For: Primary General Other (specify) ▼	,,,,	Bank Fees
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.			Transaction ID: 12780405 Date of Disbursement
Mailing Address NC8502 PO Box 563966			03
City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name		001 Category/	41.08
	bursement For:	Type	
Senate President State: District:	Primary General Other (specify) ▼		Bank Fees
	onal)		57.32

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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			, ,						
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
/	American Podiatric Medical Assn., Inc. Po	odiatry Political Action Com	mittee							
	Full Name (Last, First, Middle Initial)			Transaction ID: 12780407						
۹.	Wachovia Bank, N.A.	Date of Disbursement								
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	Mailing Address NC8502 PO Box 563966			00 2000						
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	Charlotte	NC 28262-3966		150.00						
	Purpose of Disbursement Bank Fees		001	150.00						
	Candidate Name	(Category/ Type							
	Office Sought: House Disburs	ement For:		Dank Face						
	Senate	Primary General		Bank Fees						
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SUBTOTAL of Disbursements This Page (optional)	•	150.00
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	y Information copied from such Reports and State for commercial purposes, other than using the na														S
\ \	NAME OF COMMITTEE (In Full)	THE ATIO ACCITE	55 of arry politica	COIII		iiiiee	10 3011	JIL COITL	ibut	10113 11	OIII	Suci i c	OHIII	iiiiee	
\rangle	American Podiatric Medical Assn., Inc. F	Podiatry Pol	litical Action C	omm	ni	ttee									
_	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	: 12	1257	83		
Α.	Peterson For Congress								of D	isburs		nt	V	· V	V
	Mailing Address 26192 Floyd Lake Poin	t Road						0,3	IVI	<u> </u>	2	' L	2	οŏ	3
	City Detroit Lakes	State MN	Zip Code 56501					Amou	ınt o	f Each	n Dis	burse	men	t this I	Period
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	Candidate Name				_	11 egory	,								
	Rep. Collin C. Peterson					/pe	'								
	Senate President	sement For: Primary X Other (spe													
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В.	Full Name (Last, First, Middle Initial) Friends Of Dave Weldon									isburs	eme	1238 nt	47		
	Mailing Address PO Box 968							0 ^M 3	М	[/] D(2	/ Y	ž	οŏ	S ^Y
	City Melbourne	State FL	Zip Code 32902					Amou	ınt o	f Each	n Dis	burse			
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	Candidate Name Rep. Dave Weldon, M.D.					egory pe	7								
	Senate President	sement For: Primary X Other (spe													
		Primary Ele	ectio												
C.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress							Date	of D	isburs	eme	12579 nt	_		
	Mailing Address P.O. Box 746							0,3	М	[/] D	2	/ L	ž	οŏ	3 Y
	City Bismarck	State ND	Zip Code 58502					Amou	ınt o	f Each	n Dis	burse	-		
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American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	ımittee					
Full Name (Last, First, Middle Initial)			Transacti				
Cubin For Congress Inc				isburseme		, · · · ·	v .
Mailing Address Post Office Box 4657 P O Box 4657			0 ³ M	0 2	2	0 0 6	
	State Zip Code WY 82604		Amount o	f Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement		-				1000.00	0
Candidate Name		011					
Rep. Barbara Cubin	'	Category/ Type					
	ment For: 2006						
Senate President X	Primary General Other (specify) ▼						
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Full Name (Last, First, Middle Initial)			Transacti				
John D. Dingell For Congress Committee			М М	isburseme		, · · · · ·	Y
Mailing Address 607 14th Street N.W. Suite 800			0 3	0 2	2	0 0 6	
,	State Zip Code DC 20005		Amount o	f Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement	I	• • •				2500.00	0
Candidate Name	[_	011 Category/					
Rep. John D. Dingell		Type					
Office Sought: X House Disburse Senate	ment For: 2006 Primary X General						
President	Other (specify)						
State: MI District: 15							
Full Name (Last, First, Middle Initial) Diana Degette For Congress				i on ID: 12 isburseme	0.00		
Mailing Address 770 Grant Street Suite 23	ιΩ		0 3 M	02	/ Y 2	0 0 6	Y
770 Grant Street Suite 23	8						
,	State Zip Code CO 80203		Amount o	f Each Dis	bursemer	t this Pe	eriod
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Rep. Diana DeGette	`	Type					
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NAME OF COMMITTEE (In Full)	and address of any pointed of			110113 1101		Similated	
American Podiatric Medical Assn., Inc. Po	diatry Political Action Con	nmittee					
Full Name (Last, First, Middle Initial)				ction ID:		39	
• Wynn for Congress				Disburser		V V	Y
Mailing Address P.O. Box 5323			0,3	[/] 0 :	Ž	ž 0 ŏ 6	
,	State Zip Code MD 20791		Amount	of Each [Disburser	nent this F	eriod
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Candidate Name		O11					
Mr. Albert R. Wynn		Category/ Type					
	ment For: 2006						
Senate President X	Primary General Other (specify) ▼						
State: MD District: 4 2006 Pr	imary Electio						
Full Name (Last, First, Middle Initial) Levin For Congress				ction ID:		96	
			ММ	/ Disburser		YYY	Υ
Mailing Address P.O. Box 37			0 3	Ů.	2	ž 0 ŏ 6	
,	State Zip Code MI 48066		Amount	t of Each [Disburser	nent this F	eriod
Purpose of Disbursement						1000.0	00
Candidate Name		O11					
Rep. Sander M. Levin		Category/ Type					
9 1	ment For: 2006						
Senate President X	Primary General Other (specify) ▼						
State: MI District: 12 2006 Pr	imary Electio						
Full Name (Last, First, Middle Initial) Friends Of Corrine Brown				ction ID:		35	
Mailing Address 3109 River Bend Court D	100		0 3 M	/ DO:	D / Y	ž 0 ŏ 6	Y
Walling Address S109 River Bend Court B			1				
,	State Zip Code MD 20724		Amount	t of Each [Disburser	nent this F	eriod
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Candidate Name		011 Category/					
Rep. Corrine Brown		Type					
Office Sought: X House Disburse Senate	ment For: 2006 Primary General						
	Other (specify)						
State: FL District: 3 2006 Pt	imary Electio						
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	y Information copied from such Reports for commercial purposes, other than usi															ns	
\vdash	NAME OF COMMITTEE (In Full)			71													
$ \rangle$	American Podiatric Medical Assr	n., Inc. Poo	diatry Pol	itical Action Co	omr	ni	ttee										
Α.	Full Name (Last, First, Middle Initial) Langevin For Congress								Trans Date		on ID		_	781			
	Mailing Address 181-A Knight S	t							0 ^M 3	М	/ D	0 2	/	Y	žοŏ	6 ^Y	
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	Candidate Name Rep. James R. Langevin				С		egory ype	/									
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В.	Full Name (Last, First, Middle Initial) Berkley For Congress									of D	isburs	eme	ent				
	Mailing Address 3069 Conquista	a Court							0 3	М	/ D	0 2	/	Y 2	žoŏ	6 ^Y	
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	Candidate Name Rep. Shelley Berkley				С	at	egory ype	/									
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C.	Full Name (Last, First, Middle Initial) Marion Berry For Congress								Trans Date		on ID			778			
	Mailing Address P.O. Box 8084 P.O. Box 8084								0 ^M 3	М	/ D	0 2	1	Y	ž o ŏ	6 ^Y	
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	Candidate Name Rep. Marion Berry					at	11 egory ype	/									
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NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmitt	ee							
Full Name (Last, First, Middle Initial)							121238	360		
Akaka In 2006						burse		v v		V
Mailing Address PO Box 3169				0 ^M 3		0	ž	2	0 Ď 6	
,	State Zip Code HI 96802			Amo	unt of	Each I	Disburse	ement	this P	eriod
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Candidate Name Sen. Daniel Akaka		01 Cate	gory/							
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Full Name (Last, First, Middle Initial) Herseth For Congress						n ID: burse	121257	'99		
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Candidate Name Rep. Stephanie Herseth		Cateo Typ								
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Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez				1		n ID: burse	121257 ment	'95		
Mailing Address 601 S Glenoaks Blvd Suite 211				0 ^M 3	M /	^D 0	2 /	ž	0 ŏ 6	Υ
	State Zip Code CA 91502			Amo	unt of	Each I	Disburse	ement	this P	eriod
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Candidate Name Rep. Linda Sanchez		01 Cateo	gory/							
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American Podiatric Medical Assn., Inc. Po	diatry Political Action Con	nmit	tee							
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Jeb Bradley For Congress				-		Disburse / D		y y	· ·	Y
Mailing Address 645 South Main Street				O ^N	3	0	^D /	2	0 Ď 6	
,	State Zip Code NH 03894			Am	ount o	of Each	Disburse	emen	t this P	eriod
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Sherman For Congress				Da	te of D	Disburse / D		v ° v	V .	V
Mailing Address 555 South Flower Street	Suite 4510			Ő	3 "	0	2 /	2	0 Ď 6	
City Los Angeles	State Zip Code CA 90071			Am	ount o	of Each	Disburse	emen	t this P	eriod
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Candidate Name Rep. Brad Sherman		Cate Ty								
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American Podiatric Medical Assn., Inc.	Podiatry Political Action Con	nmittee					
Full Name (Last, First, Middle Initial)					121432	07	
Pallone For Congress				f Disburse		, v v	Y
Mailing Address PO Box 3176			0 ^M 3 M		^D / Y	ŽOĎG	3
City Long Branch	State Zip Code NJ 07740		Amour	nt of Each	Disburse	ment this I	Period
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	rsement For: 2006	Туре	\perp				
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Full Name (Last, First, Middle Initial) Friends Of Clay Shaw				action ID:	: 121432 ement	80	
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Mailing Address 2600 Ne 14th. Street 0 2600 Ne 14th. Street 0	auseway		1				
City Pompano Beach	State Zip Code FL 33062		Amour	nt of Each	Disburse	ment this I	Period
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Rep. E. Clay Shaw, Jr.		Type					
Senate	rsement For: 2006 Primary General						
President State: FL District: 22 2006	X Other (specify) ▼ Primary Electio						
Full Name (Last, First, Middle Initial) Friends Of Jane Harman	,			action ID:	121430	90	
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Mailing Address PO Box 96			0.3			ŽOĎ	
City Torrance	State Zip Code CA 90507		Amour	nt of Each	Disburse	ment this I	Period
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Rep. Jane Harman		Category/ Type					
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American Podiatric Medical Assn., I	nc. Podiatry Political Action C	ommittee				
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Congressman Bart Gordon Commit	ee		Date of Disbur		V	v
Mailing Address P.O. Box 2008			03 /	13 / Y	ž 0 0 6	
City Murfreesboro	State Zip Code TN 37133		Amount of Eac	h Disburseme	ent this Pe	eriod
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Candidate Name Rep. Bart Gordon		Category/ Type				
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Senate President	Primary General X Other (specify) ▼					
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Full Name (Last, First, Middle Initial)			Transaction II		6	
Gitizens To Elect Rick Larsen			Date of Disbur		V * V * ·	V.
Mailing Address PO Box 326			03 /	13 / Y	ž 0 0 6	Y
City Everett	State Zip Code WA 98206		Amount of Eac	ch Disburseme		-
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Candidate Name		O11				
Rep. Rick Larsen		Category/ Type				
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	006 Primary Electio					
Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress			Transaction II Date of Disbur		2	
Mailing Address P O Box 696			03 /	13 / Y	ž 0 0 6	Y
City Madison	State Zip Code WI 53701		Amount of Eac	ch Disburseme	ent this Pe	eriod
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Candidate Name Rep. Tammy Baldwin		Category/ Type				
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President	X Other (specify) ▼					
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	American Podiatric Medical Assn., Inc. Po	diatry Political Action	Comm	nitte	ее									
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٠.	Tim Johnson For South Dakota Inc						Date of	_			Y Y	Υ	Υ	
	Mailing Address PO Box 1859						0 3		1	^D /	2	0 Ó 6		
		State Zip Code SD 57101					Amour	t of E	Each I	Disburs	emen	t this P	erioc	t
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	Candidate Name Sen. Tim Johnson			ateg Typ	ory/ e									
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	State: SD District: 1 2008 Pr	rimary Electio												
3	Full Name (Last, First, Middle Initial)									121430	096			
•	Ron Lewis For Congress						Date of	_			Y Y	Y	Υ	
	Mailing Address PO Box 307						0 3		^D 1	3	2	0 Ó 6		
	,	State Zip Code KY 42702					Amour	t of E	ach I	Disburs	emen	t this P	erioc	t
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_	Full Name (Last, First, Middle Initial)									12143 ⁻	105			
<i>J</i> .	Michaud For Congress						Date of	_			y · y	· · · · ·	Υ	
	Mailing Address 213 Lisbon Street						0 3		^D 1	3	2	0 Ó 6		
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١.	Full Name (Last, First, Middle Initial) Putnam For Congress Mailing Address Post Office Box 2257						e of D	isburs	: 121432 ement		0 ŏ 6	Y
		State FL	Zip Code 33831			Am	ount c	of Each	Disburs	ement	this P	eriod
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3 .	Ken Calvert For Congress					Dat	e of D	isburs		Y Y	Y	Υ
	Mailing Address PO Box 20123					0		1	3 /	2	0 Ď 6	
	,	State CA	Zip Code 92516			Am	ount c	f Each	Disburs	ement	this P	eriod
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	Candidate Name Rep. Ken Calvert			Ca	011 tegory/ ype							
	Senate President X	ment For: Primary Other (specimary Elec										
	Full Name (Last, First, Middle Initial)	illiary Liec	illo			Trai	nsact	ion ID	: 121430	197		
Э.	Committee For A Democratic Majority					Dat	e of D	isburs	ement		* V/ *	V
	Mailing Address 301 4th St. NE Suite 202					O	3 ^M	/ 1	3 /	' ż	0 ŏ 6	
		State DC	Zip Code 20002			Am	ount c	of Each	Disburs	ement	this P	eriod
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American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee							
Full Name (Last, First, Middle Initial)				Trans	action	ID : 121	43095		
Citizens For Gillmor					of Disbu	ursemer		V	V
Mailing Address P.O. Box 150				0 ^M 3		13	Ĺ.	ž 0 ŏ 6	
	State Zip Code OH 44861			Amou	nt of Ea	ach Disk	ourseme	nt this P	
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Senate President X	Primary General Other (specify) ▼								
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Full Name (Last, First, Middle Initial) 3. Jeff Miller For Congress						ID: 121 ursemer			
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Mailing Address P. O. Box 126				0.0		10		2000	
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Full Name (Last, First, Middle Initial) Fattah For Congress						ID: 121 ursemer			
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	State Zip Code PA 19131			Amou	nt of Ea	ach Disk	ourseme	nt this P	eriod
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Rep. Chaka Fattah		Type	y'						
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American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	nmittee								
Full Name (Last, First, Middle Initial)				Trans	action I	D : 12175	263			
Norwood For Congress					of Disbu		V . V	V .	V	
Mailing Address PO Box 499 PO Box 499				0 ^M 3		17 /	2	0 Ď 6		
City Evans	State Zip Code GA 30809			Amou	nt of Ead	ch Disburs	semen	t this P	eriod	
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		011								
Candidate Name Rep. Charles W. Norwood		Categor Type	y/							
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Full Name (Last, First, Middle Initial) Boswell For Congress					action I	D : 12175	133			
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Mailing Address PO Box 6220				0 3		17	2	0 Ó 6		
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Candidate Name Rep. Leonard L. Boswell		Categor Type	y/							
Senate President	ement For: 2006 Primary General Other (specify)									
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Full Name (Last, First, Middle Initial) Allen for Congress					of Disbu	D : 12175 rsement	371			
Mailing Address 85 Preble St. PO Box 17766				0 ^M 3	M / [17	y ž	0 Ď 6	Y	
City Portland	State Zip Code ME 04112			Amou	nt of Ead	ch Disburs	semen	t this P	eriod	
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	y Information copied from such Reports for commercial purposes, other than usir			for the purpose of solicating contributions plicit contributions from such committee
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Podiatric Medical Assn	., Inc. Podiatry Political Action C	ommittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 12174467
۹.	Geoff Davis For Congress			Date of Disbursement
	Mailing Address 3161 Dixie High Suite F	way		03
	City	State Zip Code		Amount of Each Disbursement this Period
	Erlanger	KY 41018		1000.00
	Purpose of Disbursement		011	1000.00
	Candidate Name Rep. Geoffrey Davis		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 2006 Primary General X Other (specify)		
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$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	American Podiatric Medical Assn., Inc.	Podiatry Political Action Con	nmittee				
	Full Name (Last, First, Middle Initial)			Transaction ID: 12378033			
۹.	Dr. Mark Haas Mailing Address 1024 Tramway Ln. N.W.			Date of Disbursement O 3 M / O 6 / Y 2 0 0 6			
	Albuquerque	NM 87122-1317					
	Purpose of Disbursement	ı		250.00			
	Refund of Contribution						
	Candidate Name		Category/ Type				
	Office Sought: House Disbu	rsement For:		Refund of Contribution			
	Senate	Primary General		Tiolana of Continuation			
	President State: District:	Other (specify)					
	SIME DISTRICT I			I and the second			

1		
SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	250.00